

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

T6 HCAIA

'05 MAR 10 A8:59

STATE OF HARA.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) **PARTI LOBBYIST** NAME(Last) (First) (Middle) **TELEPHONE** TAKENAKA KENNETH Κ. 808 839-2899 MAILING ADDRESS (Street) FAX 3249B Koapaka Street 808 839-2899 (City) (State) (Zip Code) Honolulu ΗI 96819 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU I	TELEPHONE		
/ STATE			
Hawaii/Council Amer	808 545-4242		
MAILING ADDRESS (Street)	FAX		
119 Merchant Street	808-545-4243		
(City)	(State)	(Zip Code)	
Honolulu	nolulu HI 96813		
NAME OF PERSON RESPONSIBLE F	TELEPHONE		
AMY BLAGIZ	1 808-545-4242		
MAILING ADDRESS (Street)	FAX		
SAME AS ABO	NE	808-545-4243	
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
	Agriculture		Education (*)	Human Services	Science, Technology & Economic Development	
	Communications & Public Utilities	x	Government Operations & Finance		Tourism & Recreation	
X	Consumer Protection & Commerce		Hawaiian Affairs	Labor & Employment	Transportation	
x	Culture, Arts, Historic Preservation		Health	Planning, Land & Water Use Management	Other: (indicate below) Architects and	
×	Ecology, Energy Environmental Protection	x	Housing	Public Safety & Corrections	Architecture	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
Chroning I	A La Communicación de la C						
	(Signature of Lobbyist) (Date)						
PART V AUTHORIZATION							
NAME	AME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT						
Daniel G. Chun		Legislative Chair					
NAME OF ORGANIZATION (if applica			TELEPHONE				
Hawaii Council Ameri	cts	308-545-4242					
MAILING ADDRESS (Street)		FAX					
119 Merchant Street Suite 402			808-545-4243				
(City)	(State)	(Zip Co	(Zip Code)				
Honolulu	HI	9681	13				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
L'aux	1. lle	WAL	131,2005				
(Signature of Authorizing Officer or Person Represented) (Date)							